

Affidavit of Lost Policy



Zurich American Life Insurance Company

Administrative Office
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State of _____ }
County of _____ }^{ss}

_____, of lawful age, being first duly sworn states,
that Policy Number _____ issued on the life of _____
_____ has been lost or destroyed; that it has not
been delivered to any person having any right, title or interest in it; that this affidavit is made for the purpose of
inducing said Company to issue a duplicate of or a certificate for said policy; that if a duplicate or certificate is issued, it
will be returned to the Company immediately if the original policy shall be found.

(Signed) Signature of Policyowner

Social Security Number of Policyowner

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public in and for said County and State _____

My commission expires _____

A FACSIMILE OF THIS FORM IS AS VALID AS THE ORIGINAL